United Nations E/ICEF/2002/P/L.12

# Economic and Social Council

Distr.: Limited
7 January 2002

Original: English

**For information**

**United Nations Children's Fund**
Executive Board
**First regular session 20**
21-25 January 2002
Item 4 of the provisional agenda*

## Country note**

## India

*Summary*

The Executive Director presents the country note for India for a programme of cooperation for the period 2003 to 2007.

## The situation of children and women

1. India's population of 1.03 billion is spread over 29 States and 6 Union Territories. An estimated 37 per cent, or some 375 million, are children between 0-14 years old. Acceleration in economic growth following the initiation of economic reforms in 1990 has placed India among the 10 fastest growing developing countries. Yet, the country's per capita income remains low ($450 in 1999), and 26 per cent of the population (260 million people) live below the income poverty line.

2. India has recorded many gains in the recent past, validated by new data from the National Family Health Survey-2 (1998/99), the multiple indicator cluster survey 2000, the preliminary results from the Census of India 2001 and other studies. Between 1991-2001, India's literacy rate increased from 52 to 65 per cent — the highest rate of increase in any decade since independence. Literacy rates among women increased more than among men, reflecting the fact that women have

* E/ICEF/2002/2.

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02-20554 (E) 140102

benefited significantly from massive literacy campaigns. School attendance rates among children 6-14 years old reached 79 per cent in 1999 (74 per cent among girls and 83 per cent among boys). Some 83 per cent of habitations are "fully covered" with access to drinking water. In 2000, India was certified free of guinea worm disease. Polio vaccination coverage has increased dramatically, and India is headed towards zero certification in 2005. Rapid changes in the world of media and information technology have also contributed to higher awareness and discussion on child rights.

3. Nevertheless, even with the backdrop of improved growth performance, progress in promoting child rights has been gradual, incremental and uneven across the country. Many of the World Summit for Children goals for 2000 have not been met. Since 1993, the infant mortality rate has stagnated at around 70-74 per 1,000 live births. National averages mask wide differentials across states, rural and urban areas, and castes. Immediate causes of child deaths remain pneumonia, diarrhoea, neonatal sepsis, malnutrition, low birth weight and lack of quality primary health care (PHC). Between 1997-2000, routine immunization coverage fell from 60 to 40 per cent. India's maternal mortality ratio is high — at around 540 per 100,000 live births — reflecting, among other things, the lack of timely access to health services, births without skilled attendants, maternal anaemia and gender inequality. Between 1991-2001, the sex ratio of the child population (0-6 years old) fell sharply from 945 to 927, signalling the persistence of strong son preference and anti-female biases in certain segments of society.

4. Within a span of six years, India has seen a rapid increase in HIV/AIDS infections. An estimated 3.8 million people are living with HIV/AIDS, of whom 50 per cent are below the age of 29 years, 21 per cent are women of child-bearing age and 2 per cent are children.

5. Forty seven per cent of children under three years of age are malnourished, the proportion of low-birth-weight babies remains high, and some 47 million (74 per cent) of pregnant women are anaemic. Only 50 per cent of all households are currently using adequately iodized salt. Both sustainability and the quality of water supply are under threat due to groundwater depletion and the presence of arsenic and fluoride in parts of the country. Sanitation coverage remains low. Only 37 per cent of households use toilets — 19 per cent in rural areas. There continues to be a high incidence of child labour and out-of-school children. Girls remain particularly disadvantaged. Learning achievement and the reduction of drop-outs remain significant challenges. There has been a gap in addressing issues affecting adolescents relating, in particular, to teenage marriages and pregnancies; the health, nutrition and skills development of girls; and imparting knowledge of HIV/AIDS prevention and good child care practices.

6. Whereas there exists a substantial backlog of multiple deprivations, there is also a tremendous vibrancy and potential for progress at the community level. The 73rd and 74th Amendments to the Constitution (in 1992 and 1993, respectively) led the way for the increased participation of women in the political process. The reservation of at least one third of the seats in local bodies for women has resulted in the direct involvement of close to 1 million women in decision-making processes affecting development. There has also been an upsurge in self-help groups that effectively tackle issues relating to women and children, generating in the process stronger self-identity and awareness. A number of new policy initiatives have paved

the way for more effective programming for children. These include, for instance, the *Sarva Shiksha Abhiyan* (Education for All Mission). The Government has developed revised national policies in population and the empowerment of women, is developing policies in health, and is proposing a national nutrition mission to address the multiple challenges facing the country. In water and sanitation, implementation of the existing policy framework is being strengthened through sector reforms. The overall context for these actions is provided by the Approach Paper to the Tenth Five-Year Plan, which commits the Government to increased emphasis and resource allocation for the social sector from the fruits of economic growth.

## Lessons learned from past cooperation

7. The mid-term review of the Government of India/UNICEF cooperation in February 2001 noted the key contributions of the current programme and endorsed the continuing validity of the strategies of convergent community action, strengthening decentralization and ensuring the centrality of women's and gender concerns, but with further consolidation and adjustments based on the lessons learned. It also noted that the current programme, which encompasses significant shifts in strategy from the previous one, has been in operation for only three years. During that period, it has responded to a number of large-scale emergencies — droughts, floods, cyclone and earthquake.

8. In the ongoing programme, UNICEF, in close collaboration with other partners, has been active with the World Health Organization in ensuring the success of the national polio eradication campaigns through community mobilization, communication and monitoring coverage with support from the Governments of Germany, Japan, Sweden and the United States, and the United Nations Foundation. Within the context of the national reproductive and child health programme, UNICEF has helped to initiate the revitalization of PHC subcentres in 50 districts as a way of reaching the most neglected communities with the support of the Government of Canada, and safe motherhood with the support of the Governments of Italy and Sweden, and the Gates Foundation; and to provide micronutrients with the support of the Governments of Canada and the United States. Support was also provided for (a) the expansion of "joyful learning" in primary schools, such as in the States of Karnataka and Andhra Pradesh, which have taken this to scale in all districts; (b) the introduction of microplanning with communities for increasing enrolment in primary schools in three States with the support of the Government of Australia; and (c) increasing effective community participation in school management under the Joint United Nations Education Initiative. UNICEF has also been active in (a) establishing the significance of childhood care in the first three years of life for nutrition and development outcomes, including its incorporation in the national Integrated Child Development Scheme, with support from the World Bank; (b) pioneering new initiatives in water and school sanitation, and strengthening drought preparedness, with support from the Governments of Sweden and the United Kingdom; (c) supporting strategies for the elimination of child labour, in partnership with the Government of Norway and the International Labour Organization; and (d) improving emergency response with support from the Governments of Australia, the Netherlands and the United Kingdom.

9. The CCA strategy, which was based on earlier lessons, is consistent with the United Nations Development Assistance Framework (UNDAF) principles of gender equity and decentralization, and is being implemented with partners at all levels, including non-governmental organizations (NGOs). It is intended to bring front-line government functionaries into a closer and more responsive working relationship with an informed and engaged community. A review of experience shows that in the short span of three years, CCA has begun making contributions, although the results are not uniform across all districts and states. Analysis of the experiences points to three elements of the CCA that need to be promoted in tandem to have an impact: (a) changing mindsets and behaviour; (b) strengthening systems of public delivery through promoting quality, equity and coverage; and (c) ensuring a strong interface between the community and service providers. Over the three years of implementing the CCA, close partnerships have been developed with NGOs, locally-elected government bodies and other community-based organizations (CBOs). Experience also shows that the success of the CCA depends on the extent of decentralization, which varies from state to state. Noting its potential and widespread support, the strategy development process recommended that the CCA remain integral to all programmes cutting across all sectors.

10. Repeated drought in much of the country and the over-extraction of groundwater for irrigation have brought to the forefront a threat to the sustainability of past investments in hand-pumped water supply and the urgent need for water resource management. To ensure the sustainability of interventions in all sectors, there is a need to secure political will for effective large-scale actions, and to conduct research and analysis for early warning of emerging threats, evidence-based programming and advocacy to address these threats.

11. Bilateral agencies are now well established as strategic partners with UNICEF in response to an increasingly complex development agenda. Supporting sector reform is a high priority for bilateral and multilateral partners, which is addressed through their bilateral assistance to the country and through partnerships with UNICEF. This two-pronged approach adds value to the work of these partners and strengthens UNICEF interventions and support to the Government. The shift from "donor" to that of "partner", such as that seen following the evaluation of the 30-year water and sanitation programme, has enhanced UNICEF/bilateral relations and brought multiple benefits to the country programme through increased ownership, combined advocacy for policy change, peer reviews, greater transparency in implementation and expenditures, and the demonstration of results. Partnerships in programming have also encouraged longer-term funding arrangements.

12. Natural disasters and emergencies have become frequent occurrences, enhancing the risks of offsetting many of the gains of the past. The effectiveness of the UNICEF response has been increased through working in close partnership with United Nations agencies, the World Bank, bilateral partners, NGOs and others. However, emergency preparedness and response need to be mainstreamed in the next country programme, building on the successful experiences gained from limited programmatic and staff strengthening initiatives. The experience of working in emergencies has helped UNICEF to define its core support, especially in the non-interruption of schooling, essential mother and child health services, water and sanitation, and psychosocial support for children.

## Proposed country programme strategy

13. The country programme for 2003-2007 is being developed in the context of a harmonized programme cycle with the Government's Tenth Five-Year Plan, and will address, in the Indian context, the main organizational priorities set out in UNICEF medium-term strategic plan as well as those of UNDAF, which includes the promotion of gender equality and strengthening decentralization. Preparation of the strategy for this country programme has involved extensive consultations at state and central levels with the Government, United Nations agencies, bilateral partners and NGOs.

14. The overall goal of the programme is the progressive fulfilment of the rights of all children and women, and the creation of an enabling environment to reduce gender disparities, ensure gender equity and strengthen accountabilities. Given the scope, scale and diversity of children's issues in India, the comparative advantage of UNICEF continues to be advocacy combined with the research, development and implementation of innovations through the creation of alliances and partner networks for taking them to scale. Programme interventions will focus on addressing specific conditions facing children in different states. Interventions will continue to be targeted towards states with low human development indicators, and specifically towards more disadvantaged areas and communities, including scheduled castes and tribes, as well as being flexible to address diversity and disparity across the states. In urban areas, interventions will be piloted selectively in response to the emerging challenges faced by the urban poor. Adolescent girls constitute a focus group for interventions, in particular the imparting of life skills and addressing inter-generational factors that contribute to poor health.

15. In support of national initiatives to reduce mortality, morbidity and malnutrition, and to strengthen child protection, the aim of this country programme is to consolidate programme experiences and strategies in the following areas: (a) early child development through a focus on the 0- to 3-year-old age group and with special attention to early learning and care, low birth weight and malnutrition, routine immunization and safe motherhood interventions; (b) universal primary education, particularly for girls, by concentrating on enhancing learning achievement, promoting a quality teaching-learning environment, and mobilizing community involvement in schools; (c) protection for children vulnerable to child labour, trafficking and sexual exploitation, and conflict, as well as promoting an enabling, legislative environment for protection issues; (d) HIV/AIDS among children through imparting life skills to young people, scaling up national efforts in the prevention of mother-to-child transmission, and advocating for policy development and community-based actions to respond to children affected by HIV/AIDS; and (e) emergency preparedness and response to reduce vulnerabilities and support the continuity of sector interventions. The above programme thrusts will be delivered through a mix of strategies outlined below which ensure linkages between programmes. A results matrix will encompass both the expected results and the related relevant strategies.

16. The strategy of convergent community action for children will be extended and strengthened in the new programme. At both planning and implementation levels, convergence between programmes will be promoted with the aim of achieving specific results. It will include support for microplanning, training, capacity-

building of functionaries, gathering and the better use of data for monitoring and analysis, local-level decision-making and communication for behaviour change.

17. A comprehensive advocacy and communication strategy, comprised of alliances and partnerships for children, will be developed further with a wide range of national and international partners with the aim of creating a critical mass of organizational networks to take actions to a meaningful scale, especially in the areas of emergency preparedness, HIV/AIDS and child trafficking. Efforts will be made to include the views of children and to create effective space for their participation. For achieving and sustaining results, the programmes will continue to be implemented in partnership with other United Nations agencies, the World Bank, bilateral partners, NGOs and CBOs, the *Panchayat Raj* institutions and the corporate sector.

18. Ensuring the strong participation of women and addressing issues of gender inequality shall remain a core cross-cutting strategy. Persistent anti-female biases, strong son preference, and discrimination against girls and women are responsible for the denial of equal opportunities, as well as for the limited progress being made in promoting child rights. While achieving gender equality is a long-term goal, the new programme will make specific efforts to increase opportunities for girls and women in all programme areas, while advocating for greater gender equality. The ongoing gender audits of programmes will contribute to improving the implementation of the strategy.

19. A critical cross-cutting programme component will be to support national policy development for children by focusing specifically on the use of community-level experiences to inform macro-policy and enable the scaling up of interventions; and support to data collection, analysis and dissemination to improve programming and policy formulation for children.

20. Clear targets and measurable indicators will be articulated for each programme area so that the results can be identified as contributing to India's overarching outcome objectives and goals.

21. The above strategies will be implemented through nine programmes: (a) reproductive and child health; (b) child development and nutrition; (c) child environment — water supply, sanitation and hygiene; (d) primary education; (e) child protection; (f) HIV/AIDS; (g) advocacy and partnerships; (h) planning, monitoring and evaluation; and (i) cross-sectoral costs. The latter will cover activities and technical assistance common to all the programmes, such as information technology, information management and monitoring, supply and procurement, programme information management and field-level operational costs.

## Estimated programme budget

### Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Reproductive child health | 19 566 | 86 500 | 106 066 |
| Child development and nutrition | 24 610 | 32 000 | 56 610 |
| Child environment — water supply sanitation and hygiene | 24 070 | 40 000 | 64 070 |
| Primary education | 24 590 | 33 000 | 57 590 |
| Child protection | 10 000 | 25 000 | 35 000 |
| HIV/AIDS | 7 500 | 32 000 | 39 500 |
| Advocacy and partnerships | 9 500 | 500 | 10 000 |
| Planning, monitoring and evaluation | 8 000 | 1 000 | 9 000 |
| Cross-sectoral costs | 22 558 | - | 22 558 |
| **Total** | **150 394** | **250 000** | **400 394** |

[a] These are indicative figures only, which are subject to change once aggregate financial data are finalized. In addition, it is expected that an additional $35 million will be raised through special appeals for emergencies.

United Nations E/ICEF/2002/P/L.13

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## Country note**

## Maldives

*Summary*

The Executive Director presents the country note for Maldives for a programme of cooperation for the period 2003 to 2007.

## The situation of children and women

1. More than three quarters of the population of Maldives (272,000) are under 25 years of age. Government commitment and the strategic allocation of resources have resulted in remarkable improvements during the last two decades in income (per capita gross domestic product of $6,720), literacy (98 per cent) and life expectancy (72 years). The country has shown rapid, but fragile, economic development based on fishing and tourism. With its 1,200 islands scattered over a vast area of the Indian Ocean (90,000 square kilometres), communities are difficult to access and costly to service. Basic infrastructures are in place, but significant resources and technical input are needed to increase capacity and develop institutions to improve the quality of services and ensure the sustainability of interventions. Maldives has signed and ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, but disparities persist despite substantial progress in child rights and gender equality.

* E/ICEF/2002/2.

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02-20557 (E) 160102

2. Major efforts during the last decade to ensure universal immunization have resulted in 95 per cent coverage for all expanded programme on immunization (EPI) vaccines (including hepatitis B) and a decline in infant and under-five mortality rates to 60 and 83 per 1,000 live births, respectively. Maldives is close to becoming polio and neonatal tetanus free, but 50-75 per cent of children under five years old are affected by intestinal parasites. Acute respiratory infections and pneumonia account for 18 per cent of deaths of children under four years old. Micronutrient deficiencies are widespread and child malnutrition is prevalent (13 per cent of children under five years old suffer from wasting and 25 per cent are stunted). Maternal mortality stands at 172 per 100,000 live births, 98 per cent of mothers receive some form of antenatal check-up and trained health providers attended 75 per cent of deliveries. However, access to emergency obstetric care is constrained by inadequate and costly transportation facilities. Almost one fifth of all babies are born with low birth weight and 17 per cent of women are nutritionally at risk. There is a lack of awareness about good food habits, appropriate child-care practices and hygiene. Almost one quarter of the population do not have access to safe drinking water, and close to 20 per cent remain without adequate means of excreta disposal. Its close proximity to the surface makes the ground water susceptible to contamination and pollution by sewage and human waste.

3. Many caregivers, health workers and teachers are unaware of the vital importance of the first three years of life for a child's psychosocial development. While pre-primary schooling is a priority, parents focus on academic achievement, creating pressure to read and write at an early age. Every child has access to schooling without gender disparities, but the quality and relevance of education are serious concerns. Wide disparities exist in educational facilities between Male and the other islands, resulting in highly variable student achievement levels. There is an acute shortage of trained teachers, and geography makes the delivery of services and supplies very difficult, time-consuming and expensive.

4. The sudden transition of Maldives' economy from mainly fishing to one depending largely on the tourism industry has affected traditional support structures. Family units are disrupted, with increasing numbers of abandoned and neglected children. Consequences include increasing drug abuse, with the risk of HIV/AIDS infections and child rights violations. Comprehensive legislative measures to protect children's rights are not yet in place. The internalization of child rights needs to be propagated and strengthened, as some forms of discrimination with regard to gender and disability persist.

5. Collection and analysis of data and their utilization to develop and apply child-sensitive policies are inadequate, as are the gathering and dissemination of relevant information. To some extent, Maldives is the victim of its own success. While it faces a decline in development assistance due to an improvement of basic indicators, the data disguise the extent and nature of disparities. Financial and technical assistance are needed to offset the dangers of a narrow revenue base and a high vulnerability to external influences, and to develop sustainable capacity.

## Lessons learned from past cooperation

6. The mid-term review (MTR) underlined the effective relationship of UNICEF with the Government, the World Health Organization (WHO), the United Nations

Population Fund (UNFPA), the United Nations Development Programme and local non-governmental organizations (NGOs), such as FASHAN and Care Society, to address child rights issues. The value and potential of innovative approaches and multisectoral activities in early child development (ECD), basic education and child protection were documented. The "First Steps Maldives" project has been breaking new ground, and greatly influenced the perception of early childhood among many Maldivians. The overall objective of the project is to ensure that the survival, protection and developmental needs of children under three years of age are met in a positive and stimulating environment. The project demonstrated that this could be achieved by using an intersectoral approach which involves not only the Government, media and civil society, but also families and fathers. Emphasis on capacity-building and the development of information and training materials helps to increase local expertise and provide positive, non-stereotypical images, with active participation and respecting cultural sensitivity. To focus on quality education, the MTR endorsed the approach of making maximum use of the limited resources to benefit the most disadvantaged children through the selection of 22 schools after a detailed situation analysis. The MTR suggested the extension of the strategy to include community empowerment in the 22 underserved islands and its expansion to help ensure disparity reduction, address priority needs in social services and achieve quality education.

7. Given the very limited budget and small staff of UNICEF, some sectoral objectives proved to be too ambitious. The levels of accountability regarding objectives and strategies require clearer distinction. Assessment indicators have to be better documented and data must be verifiable. In order to address existing disparities, it was recommended that UNICEF engage in policy dialogue and advocacy at the macro-level, while sustaining focused and convergent activities in targeted areas at the micro-level. Five specific areas were identified for continued support: (a) the 22-schools project, which aims to integrate quality education and ECD and become the 22-islands project; (b) nutrition; (c) expansion of the ECD project to target marginalized children; (d) a focus on the most neglected areas of child protection; and (e) improved data collection. In addition, support in the areas of routine immunization and provision of supplies was to be phased down or out. Responses to protection and rights issues were on track, but should continue, be monitored and reinforced to include the recommendations of the Committee on the Rights of the Child on the Convention.

## Proposed country programme strategy

8. The process for the development of the strategy involved the participation of a large spectrum of traditional and potential new partners. For the first time, it also included actively participating members of the corporate sector and children.

9. The overall goal of the country programme is to contribute to the achievement of children's rights to survival, development, protection and participation within the framework of the Government's Sixth National Development Plan and the strategic vision of the Maldives future development ("Vision 2020"). The programme strategies have been developed within the context of the UNICEF medium-term strategic plan priorities as applicable to the situation of the country and the United Nations Development Assistance Framework (UNDAF) currently being elaborated. Strategic shifts such as the development of focus islands have implications for child

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rights and need to be taken into account. The four main objectives are: (a) to help reach the most marginalized children and ensure that they are physically and mentally healthy, socially alert and active; (b) to support the provision of the equitable access of all children to quality basic education; (c) to increase awareness and the application of all child rights to all children, reducing geographical and gender disparities, providing support to children in need of special protection, and reducing discrimination and abuse; and (d) to improve the collection and management of disaggregated data.

10. These objectives will be reached by combining strategies to ensure effectiveness, efficiency and long-term sustainability. The four strategies are: (a) advocacy, to improve awareness of child rights and trigger behavioural change; (b) capacity-building; (c) the development and consolidation of partnerships to ensure problem-oriented solutions and the convergence of resources for greater impact of interventions; and (d) the involvement of communities and children to ensure ownership and sustainability. The country programme will have five components: ECD; nutrition, water and health; quality education; child protection; and cross-sectoral costs. Programmes are cross-sectoral and contain elements of advocacy, communication, social mobilization, planning, data collection, monitoring and evaluation.

11. The objective of the **ECD** programme is to secure children's full physical, cognitive and psychosocial development, in a positive and stimulating environment, that is conducive to helping each child reach his/her full potential. The strategy for achieving this objective has been tested in the "First Steps Maldives" project. During the next country programme, the project will be evaluated for impact, improved where necessary, and supported to facilitate a systematic introduction and application in all geographical areas. Other scientifically sound and creatively presented messages on nutrition, hygiene and health will be produced and included in the approach to make it a more integrated ECD programme. Advocacy will be undertaken to include ECD into pre- and in-service training provided by the Faculties of Health Sciences and Education. Other activities to be supported include childhood disability, with a focus on the prevention of low birth-weight infants, and early detection of disabilities. Non-governmental initiatives will be supported for the training of front-line workers in community-based rehabilitation of children and for the establishment of an ECD demonstration centre in order to link ECD and education, and to share good practices.

12. The **nutrition, water and health** programme will be a targeted programme to contribute to reducing child malnutrition and persistent problems related to water, hygiene, sanitation and health. It will be complemented by the cognitive and psychosocial elements of the ECD programme. Special emphasis will be given to local capacity-building to plan, implement and monitor activities. UNICEF already collaborates with the Government, WHO, UNFPA, and local NGOs to reduce the prevalence of malnutrition and produce positive changes in feeding and eating habits through the promotion of exclusive breastfeeding, the consumption of iodized salt and the reduction of iron deficiency anaemia. Adequate technologies for water collection and resource protection, low-cost sewage and solid waste disposal systems will be identified, and appropriate legislation and application of standards will be advocated. Activities to change health, nutrition and hygiene habits, including hand-washing, will be promoted in schools and with the public. Advocacy and technical assistance have to be provided to sustain gains in infant and child

health, including EPI coverage, and HIV/AIDS prevention, especially among adolescents. In line with the MTSP, UNICEF will help to maintain and strengthen immunization "plus" services and assist in conducting annual blanket coverage campaigns for polio and maternal and neonatal tetanus vaccination.

13. The main objective of the **quality education** programme is to increase the overall educational achievement of children in the most disadvantaged schools. It will also aim to help island communities identify priority needs, learn basic planning skills and seek appropriate support. Focus will be placed on pre-school and basic education policy development, capacity-building, disparity reduction, gender equity and internal efficiency. Best practices are to be shared among selected islands, and educational innovations will be encouraged. Demonstration models will focus on child-centred processes, thus ensuring individual learning achievement through in-service training and supervision. Developmentally- appropriate, gender-sensitive, locally relevant and information technology-integrated curricula and material will be supported if additional resources can be mobilized. Attention will focus on girls' education, the integration of disabled children in mainstream schools, multi-stakeholder participation, the convergence of resources and community ownership in project planning, implementation, monitoring and evaluation.

14. The **child protection** programme will support the development of policies and the improvement of legislation on child protection, the setting and monitoring of standards, and the strengthening of national capacities. UNICEF plans to support the sensitization and training of care providers and judicial and law enforcement officials. It will work with the Government and NGOs to ensure screening, early detection and expansion of services for children with special needs, including children with disabilities and children in conflict with the law. Strategies include working with the decentralized institutions and communities, and strengthening existing partnerships with the Unit for the Rights of Children of the Ministry of Women's Promotion, the police, and FASHAN and Care Society. Support will also be provided for the monitoring of child rights indicators and reporting by developing capacity for institutionalizing data gathering and management systems.

15. **Cross-sectoral costs** will ensure that adequate human and other resources are made available to help implement, monitor and evaluate programme activities and their impact. With the objective of long-term capacity-building, a joint programme of data collection for monitoring and evaluation is envisioned by the United Nations agencies in Maldives as part of the UNDAF process. In cooperation with the Government, United Nations agencies and other partners, UNICEF will assist in developing the United Nations common database to facilitate reporting on the Millennium Development Goals.

## Estimated programme budget

### Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Early child development | 780 000 | 42 000 | 822 000 |
| Nutrition, water and health | 726 000 | 47 000 | 773 000 |
| Quality education | 714 000 | 61 000 | 775 000 |
| Child protection | 399 000 | 25 000 | 424 000 |
| Cross-sectoral costs | 466 000 | - | 466 000 |
| **Total** | **3 085 000** | **175 000** | **3 260 000** |

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.